

Washington, DC 20542

(202) 707-5100

www.loc.gov/nls

Application for Free Library Service: Individuals

Please complete this application and send it to the library serving blind and physically disabled individuals in your state. To find your local cooperating library go to www. loc.gov/nls/find.html or call 1-888-NLS-READ (1-888-657-7323).

Please print or type			
Name (Last)	(F	(First)	
Street address			
City			ZIP
Telephone (daytime) ()	Date of birth_	
Telephone (evening) ()	Gender	
E-mail address			
Alternative contact if you	cannot be reached	l for an extended perio	od:
Name	Tele	ephone ()	
Indicate the primary disable Check only one box. Elig ☐ Blindness	gibility must be sub		ity criteria definitions.
☐ Visual impairment	☐ Reading dis	sability	
If you also have a hearing ☐ Moderate — some diff ☐ Profound — cannot he	ficulty hearing and	l understanding speech	
Notice: Records relating confidential except for t To find out the extent to may be released to other	those portions defined which the information	ned by local law as pu ation provided on this	blic information. application form

to which you are submitting this application.

Eligibility of blind and other disabled persons for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, the District of Columbia, and American citizens living abroad.

- 1. Those people whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- 2. Those with physical disabilities are eligible as follows:
 - (a) Persons whose visual impairment, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.
 - (b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations.
 - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner.

Certifying authority:

- In cases of blindness, visual impairment, or physical limitations, "competent authority" includes doctors of medicine, doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
- In the case of a reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

To be completed by certifying authority (as defined above)

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.

Signature	Date		
Please print or type:			
Name	Title		
Organization	E-mail		
Address	Telephone ()		
City	State ZIP		

Lending of materials and classes of borrowers

Veterans. According to Public Law 89-522, persons who are blind or have a physical disability who have been honorably discharged from the armed forces of the United States must receive preference in the lending of books, recordings, playback equipment, musical scores and instructional texts, and other specialized materials.

Institutions. Please fill out the Application for Free Library Service for Institutions.

Reading preferences: Check A or B ☐ A. Do not select books for me. Send only the specific titles that I request. ☐ B. I wish to have books selected for me. Note: If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer. Check all that apply.					
Age range : □Adult titles	☐ Young Adult titles [☐ Childr	en's titles Grade:		
Subject category: Adventure Business and Economics Cooking Gardening History (U.S. or World) Humor Mystery and Detective Philosophy Religion/Religious Fiction Science Fiction Sports and Recreation Travel Other preferences:	☐ Bestsellers ☐ Career and Job Trainin ☐ Drama and Theater ☐ Gothics ☐ Historical Fiction ☐ Literature ☐ Nature/Environment ☐ Poetry ☐ Romance ☐ Spanish Language ☐ Stage and Screen ☐ War / War Stories	ng	☐ Biographies ☐ Classics ☐ Fantasy ☐ Government and Law ☐ Hobbies and Crafts ☐ Medicine and Health ☐ Occult and Horror ☐ Psychology and Self-Help ☐ Science and Technology ☐ Spies and Espionage ☐ Suspense ☐ Westerns		
I do not wish to receive books that contain (check up to three): Strong language □ Violence □ Explicit descriptions of sex How did you learn about the NLS free library service? (check up to three) Veterans Affairs/Defense Health Agency □ Other Healthcare Professional □ School Vocational Rehabilitative Center □ Friend/Family member □ Library/Librarian □ Consumer/Support Group □ Event/Expo □ TV Ad □ Radio Ad □ Other Ad (specify below) □ Internet/Social Media (specify below) □ Other (specify below)					

Materials:	Music materials:		
I would like to receive the following materials (please check all that apply):	☐ Music instruction and/or music appreciation materials on digital cartridge		
☐ Audio books and magazines	☐ Music magazines, scores, and/or music appreciation materials in braille		
☐ Braille books and magazines	☐ Music scores in large print		
	(Note: the program cannot provide recorded music for recreational listening)		
Equipment:	Accessories for digital talking-book player:		
Tell us how you would like to read your books and/or magazines (please check one):	☐ USB flash drive adapter (lets you use a personal flash drive with the player)		
☐ I would like to access library materials using an app on my mobile device (smartphone, tablet, Kindle, etc). Please note: The app provides immediate access	☐ High volume player and headphones (solely for use by readers with profound hearing loss; ask for a separate application)		
to NLS materials.	☐ Digital talking-book (DTB) cartridge cable (used to connect a DTB cartridge to a USB		
☐ I would like to receive audio books and magazines on cartridge through the mail.	port on a computer)		
Please loan me a free talking-book player and mail me my books and magazines.	☐ Headphones		
Please note: delivery of materials may take up to 10 days on average.	☐ Pillow speaker (issued only to readers confined to a bed)		

Return of Equipment

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, please return it to the issuing agency.

Where to Send:

Mail this application to your local cooperating library found at www.loc.gov/nls/find.html or call 1-888-NLS-READ (1-888-657-7323).